# TOTAL LOSS STATEMENT

North Dakota Department of Transportation, Motor Vehicle
SFN 53386 (5-2016)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVEARD AVE
BISMARCK ND 58505-0780
Telephone (701)328-2725
Website: https://dot.nd.gov

**THIS WILL CERTIFY THAT**

| Owner | | | Telephone Number | |
|---|---|---|---|---|
| Mailing Address | | City | State | ZIP Code |

**Received compensation for the following vehicle:**

| Year | Make | Vehicle Identification Number | | |
|---|---|---|---|---|
| **Which was a total loss as a result of an accident occurring on:** | | Month | Day | Year |
| Claim Number (Required) | | Date of Payment (Required) | | |

NOTE: Credit can be claimed no more than three years from date compensation was received.

| | |
|---|---|
| TOTAL LOSS AMOUNT | |
| LESS DEDUCTIBLE | |
| LESS RETAINED SALVAGE | |
| AMOUNT PAID TO OWNER | |

| Name of Insurance Company | | |
|---|---|---|
| Address | | |
| City | State | ZIP Code |
| Telephone Number | | |

FOR MVD USE ONLY

**NOTE: you must retain this form to obtain future credit.**

| | |
|---|---|
| CREDIT USED | |
| CREDIT REMAINING | |
| CREDIT MUST BE USED BY | |
| APPROVED BY | |
| Last 8 of VIN | Title Number |
| CREDIT USED | |
| CREDIT REMAINING | |
| CREDIT MUST BE USED BY | |
| APPROVED BY | |
| Last 8 of VIN | Title Number |
| CREDIT USED | |
| CREDIT REMAINING | |
| CREDIT MUST BE USED BY | |
| APPROVED BY | |
| Last 8 of VIN | Title Number |

Acknowledgement
(Sign before a Notary Public or Authorized Officer)

| Name (Type or Print) | Signature of Authorized Agent |
|---|---|
| State | County |
| Signed and sworn to (or affirmed) before me on | Date |
| Name of Notary Public or other Authorized Officer (Type or Print) | Affix Notary Stamp |
| Signature of Notary Public or other Authorized Officer | |
| Commission Expiration Date (if not listed on stamp) | |